




You can also file the application and related documentation online: www.kela.fi/english.



Send the application and any supporting documents by mail. The address is Kela, PL 10, 00056 KELA.

-  If you have moved to Finland and you have not previously claimed benefits from Kela, also complete form Y 77e. If you are going abroad, also complete form Y 38e.

When to apply: Compensation for the cost of rehabilitation services can be provided, at the earliest, from the beginning of the month in which the application for rehabilitation arrives at Kela.

1. Client

Personal identity code Family name and given name

Telephone


E-mail

Street address

Postal code

Postal district

2. Application

-  The rehabilitation applied for should be based on a rehabilitation plan drawn up by a public healthcare provider.

In line with the rehabilitation plan, I wish to apply for

- therapy, please complete sections 2–7 and 9 a rehabilitation or adaptation training course, please complete sections 2–7 and 10
 multidisciplinary individual rehabilitation, please complete sections 2–8

My need for rehabilitation is affected by an illness or a disability which is due to

- a traffic accident an accident at work/occupational disease a military injury/service-related illness

State the name of the insurance company and the accident number:

3. Native language


What is your native language?

- Finnish Swedish Sámi, please specify _____
 other language, please specify _____

-  If you need interpreter assistance, complete form KU 106e

If your native language is other than Finnish, Swedish or Sámi, are you able to communicate in Finnish or Swedish with healthcare providers or other government agencies?

- Finnish Swedish other language, please specify _____

-  If a family member or other person close to you participates in the rehabilitation process and needs interpreter assistance, complete form KU 106e.

4. Employment and educational status

I am

- under school age and cared for at home under school age and cared for in a day care centre/family day care in school/a student
 a stay-at-home mother or father employed unemployed disabled for work (on sickness allowance) on rehabilitation subsidy
 on disability pension retired on a pension (other than disability pension) Other, please specify _____

Occupation:

KU 104e 12.25

5. Treatment of illness and planning of rehabilitation

The following organisation is responsible for my treatment and the planning of the rehabilitation

healthcare centre hospital outpatient clinic/specialised medical care

other, please specify: _____

Name of the healthcare unit _____

6. Need of rehabilitation and assistance

How does the illness or disability make it more difficult to cope with work, studies and everyday activities?


What kind of assistive devices do you use and do you use communication methods to replace speech?

Which everyday activities do you need assistance or guidance with? Describe briefly what type of assistance or guidance you need.

7. Aim of the rehabilitation

How do you wish the rehabilitation to help maintain and improve your ability to cope with everyday life?

8. Multidisciplinary individual rehabilitation

 For information on the rehabilitation provider's business location, please visit www.kela.fi/palveluntuottajahaku. Select the rehabilitation provider you are interested in.

If you cannot choose a rehabilitation provider, you can leave this section empty. We will contact you about your application.

Service provider _____

Explain why you are applying for multidisciplinary individual rehabilitation and what you expect from the rehabilitation.

I will stay overnight at the service provider's premises during the rehabilitation (rehabilitation with accommodation).

I will not stay overnight at the service provider's premises during the rehabilitation (rehabilitation without accommodation).

Will a family member or other person close to you participate in the rehabilitation? The participation must be based on your rehabilitation plan.

No Yes, number of participants _____


Names and dates of birth of the participants




9. Therapies

 For information on therapy providers, please visit kela.fi/palveluntuottajahaku. Select the therapy provider and agree on the start of the therapy.

Therapy that I wish to apply for	Name of therapy provider (company, firm) and business location	Starting date, if known
<input type="checkbox"/> physiotherapy	_____	_____
<input type="checkbox"/> speech therapy	_____	_____
<input type="checkbox"/> occupational therapy	_____	_____
<input type="checkbox"/> psychotherapy	_____	_____
<input type="checkbox"/> music therapy	_____	_____
<input type="checkbox"/> aquatic therapy	_____	_____
<input type="checkbox"/> equine-assisted therapy led by a physiotherapist	_____	_____
<input type="checkbox"/> equine-assisted therapy led by an occupational therapist	_____	_____
<input type="checkbox"/> art psychotherapy	_____	_____
<input type="checkbox"/> neuropsychological rehabilitation	_____	_____
<input type="checkbox"/> counselling visits	_____	_____

 If you are applying for counselling visits for parents and/or providing of therapy at some other place than the therapist's premises, this must be included in the rehabilitation plan.

10. Rehabilitation or adaptation training course

 For information on individual courses, please visit www.kela.fi/palveluntuottajahaku

Which course are you applying to?	Number of the course (if known to you)
_____	_____
Course location	Start date
_____	_____

If you are applying for a family course or couple's course, state the names and dates of birth of the participating family members.

During the course, I will stay overnight at the service provider's premises.

During the course, I will not stay overnight at the service provider's premises.

If you have participated in a course related to the same illness before, please explain why a course with similar content should be arranged again.

Are you aware of any factors that could affect the timing of the rehabilitation (for instance surgery, holiday, travel)?

No Yes; please describe them and state how they could affect the timing.

11. Enclosures

Rehabilitation plan drawn up by a public healthcare provider.


Has already been submitted to Kela.

I will submit the document at the latest by _____

I have a doctor's appointment scheduled for _____

Other documentation, indicate which.

12. Additional information

 Write the number of the section you are referring to.

Additional information on a separate sheet. Write your name and personal identity code on the sheet.


13. Signature

I declare that the information I have given is true and accurate. I will notify any changes.

Place and date

Signature and printed name of the client

14. Person who can give additional information

 If you wish, you can designate a person whom Kela can contact for additional information when needed.

I give my consent to have additional information needed for the application case requested from the person mentioned in the following.

Name and telephone number

Official position and place of work or family relationship to the applicant

Kela has the right under law to access or disclose information required to decide a rehabilitation case and to implement the rehabilitation.

Information obtained for the purpose of deciding the present matter may be used for other benefit-related matters, if so required under law. Any information obtained within the context of another benefit may also be used to decide the present matter.

Please contact us for more information about which outside sources we may access to obtain additional information about your circumstances and to whom we may provide such information.

